

**\* Required fields**

## Family History

\* Name of Site: \_\_\_\_\_

\* Type of Visit: \_\_\_\_\_

e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months.

\* Date of Visit: \_\_\_\_\_

\* GUID: \_\_\_\_\_

\* Age of Subject (years and months): \_\_\_\_\_ Subject ID: \_\_\_\_\_

Indicate whether the participant/subject's first degree blood relatives have a history of the following conditions

Condition	Family History?	Relationship of Family Member to Participant/ Subject (Choose all that apply)▼
a*) Alzheimer's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<ul style="list-style-type: none"> <li>• Mother</li> <li>• Father</li> <li>• Sibling</li> <li>• Half-Sibling</li> <li>• Child</li> <li>• Maternal Grandmother</li> <li>• Maternal Grandfather</li> <li>• Paternal Grandmother</li> <li>• Paternal Grandfather</li> <li>• Maternal Aunt</li> <li>• Maternal Uncle</li> <li>• Paternal Aunt</li> <li>• Paternal Uncle</li> <li>• Maternal Niece/Nephew</li> <li>• Paternal Niece/Nephew</li> <li>• Maternal Cousin</li> <li>• Paternal Cousin</li> <li>• Grandchild</li> <li>• Great-Grandchild</li> <li>• Other, specify</li> </ul>
b*) Amyotrophic lateral sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
c*) Ataxia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
d*) Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
e*) Bi-polar disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
f*) Brain aneurysm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
g*) Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
h*) Dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
i*) Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
j*) Diabetes mellitus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
k*) Dystonia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
l*) Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
m*) Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
n*) Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
o*) Memory loss	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

p*) Migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
q*) Multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
r*) Muscle disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
s*) Parkinson's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
t*) Schizophrenia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
u*) Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
v*) Suicide or suicide attempt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
w*) Tourette syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
x*) Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

### GENERAL INSTRUCTIONS

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member. The conditions listed are taken from the data collected for control samples in the NINDS Genetics Repository (<http://ccr.coriell.org/Sections/Collections/NINDS/?Ssld=10>) and may need to be modified for a particular study.

### SPECIFIC INSTRUCTIONS

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

- **Condition** - This CDE should be collected along with the "Family history medical condition indicator" (see subsequent element).
- **Family History?** – Choose one based on whether there is a history of the condition in a first degree family member.
- **Relationship of Family Member to Participant/Subject** – Select the relationship from the options of the family members listed. Record/choose more than one family member, if applicable.